

Open-Eye Project Roadmap for Health Sector Reform: A Strategic Solution for the Health Sector of Sulaymaniyah Governorate

Open-Eye Project – Vision Organization

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Summary

The *Open-Eye* Project—one of the initiatives led by the Vision Organization—is focused on developing a roadmap to guide strategic solutions for the health sector challenges in Sulaymaniyah Governorate. This initiative is directly tied to the everyday lives of the city’s residents. The roadmap is presented to decision-makers and concerned stakeholders in the region as an urgent and practical path toward addressing the current crises in the health system.

These challenges include, but are not limited to, the absence of political will and clear decision-making, a critical lack of budget allocation, the absence of a regional strategic health plan, and the lack of an integrated electronic health information system, among several other structural issues. Collectively, these problems have contributed to the current state of stagnation in the healthcare sector.

This roadmap is the product of the experience, efforts, and dedication of key decision-makers and prominent professionals within Sulaymaniyah’s health sector. It draws upon the knowledge of administrators, academics, and compassionate figures in the community, including Dr. Sabah Nasraddin (General Director of Health, Sulaymaniyah), Dr. Makwan Jamil (Director of the KRG Bank, Sulaymaniyah Branch), Dr. Haval Abubakr (the current Governor of Sulaymaniyah), Dr. Abdulfattah Hamrahim Hawrami (a leading academic and public health specialist at University of Sulaimani) and Dr. Aras Bradosti (a prominent public health advocate and media figure) each one of them plays a crucial role in shaping health sector in the region, as well as numerous other dedicated health, economic, and civil society actors.

Strategic Roadmap and Policy Recommendation

1. **Political Commitment:** Scientific research must be conducted as a fundamental aspect of developing a health sector reform plan. The provision of such research must translate into coherent, evidence-based information to policy decision-makers that will further lead to the development of political support, agreement, and actual decisions to carry out fundamental and sustained reform of the health system, as a long-term fix to systemic issues.
2. **Role of the Kurdistan Parliament in Updating Public Health Legislation:** Reforming health-related laws is an effective method to transform the contemporary challenges and ensure that the legal framework serves universal health coverage. Parliamentary renewal is also necessary in the health sector to address acute needs and establish a more robust legal framework for protecting the health of the population.
3. **Prioritizing Public Health:** In the area where the community health system plays a crucial role, efforts should focus on strengthening its system infrastructure and the creation of strategies to prevent health crisis. This incorporates the initial detection of health risks through precise, scientifically framed screening programs and preventive healthcare modes based on evidence-based practices.
4. **Establishing Health Research Centres:** Creating research centres rooted in scientific foundations will allow for data-driven decision-making, identification of key problems, and the generation of effective health policy pathways and strategies.
5. **Cross-Sector Coordination:** Public health cannot be addressed by the health sector alone. All societal sectors—education, environment, finance, and media—must be actively involved in achieving sustainable community health outcomes.
6. **Strategic Health Planning:** Developing a long-term health strategy based on scientific evidence, national priorities, current health challenges, and future community needs will provide a solid roadmap for improving public health and preventing systemic issues across all levels of governance.
7. **Dedicated Budget for Public Health and Health Services:** Backed by law, the allocation of a dedicated health budget will protect the system from financial instability and ensure the sustainability of health services and the resilience of the sector in the face of evolving challenges.

8. **Separation of Public and Private Health Sectors:** The distinction of the functions of the public and the private health providers is clearly defined and has the potential to ensure a streamlined service delivery and the development of a regulated medical tourism.

9. **Implementation of Health Insurance or Semi-Private Systems:** Establishment of a national or a hybrid insurance model would be a feasible and viable mechanism to reduce the strain on the health sector and citizens.

10. **Preparedness for Public Health Emergencies:** The methodology of emergency response to sudden health situations should be planned clearly, and funds should be allocated. The Sulaymaniyah experience in response to past crises has some important lessons that could be of use in future preparedness and response planning.

11. **Leadership Capacity Building:** Just as there must be special training programs and materials to educate health care professionals, so too must there be special training programs and materials to educate decision-makers in the health system to provide them with the managerial knowledge and skills needed to drive and implement reforms.

12. **Human Resources Development:** Expanding and investing in the health workforce is essential to meet the increasing demands of the community, both in quality and quantity.

13. **Provision of Medical Essentials:** In cases of emergency and chronic cases, ensuring continuous access to essential medical services and supplies is of great importance to healthcare delivery.

14. **Access to High-Quality Medication and Price Regulation:** The supply chains of objects of vital importance should be reinforced, including measures to control prices, to assure quality and costs.

15. **Healthcare Facility Infrastructure:** The construction, completion, and maintenance of healthcare facilities should be prioritised to support the continuous delivery of essential services across the region.

16. **Implementation of an Integrated Electronic Health System:** Word of mouth can be easily assessed if there is a system of comprehensive digital health in place that is essential to efficiency, data security and the greater good by creating a transparent system to manage and better coordinate a wide array of services provided.

Summary of Challenges and Barriers in the Health Sector of Sulaymaniyah Governorate

Based on the distilled experiences of public officials and academic professionals in the governorate, the following points provide a clear and concise overview of the most critical weaknesses across all dimensions of the local health system:

1. **Lack of Political Will:** Absence of consensus, clear decision-making, and genuine political commitment regarding the health system and its reform, despite this being the only viable path for solving deep-rooted structural issues.
2. **Weak Health System Structure:** No clear short or long-term health plan, absence of scientific research centres, and no standardized performance indicators to guide evaluation and planning.
3. **Lack of Allocated Budget and Scientific Planning:** No health budget has been based on scientific principles. Routine administrative complications and a lack of fiscal flexibility impede any successful service delivery.
4. **Neglect of Public Health Priorities:** Public health is marginalised, which negatively affects both the current and future well-being of the population.
5. **Absence of Preventive Screening Programs:** The impact of the absence of proactive health screenings is directly associated with people, families, and the community without any economic or health benefits in the long term.
6. **Human Resource Deficiencies:** Due to this lack of health workers and specialists, there is a restriction in the potential of the system to address medical needs properly.
7. **Lack of Health Insurance or Semi-Private Systems:** There is no national insurance scheme that people can use to pay healthcare bills.
8. **Blurring of Public and Private Sector Roles:** Public health resources are often used to benefit the private sector, reducing fairness and access for all.
9. **Inadequate Backup of Planning Acts of Sulaymaniyah Health Directorate:** Despite having some health challenges with determined plans of resolving these health concerns, the lack of backup of the plans with senior authorities can be cited.
10. **Political influence in health matters:** The government system influences the way health systems operate, and this interferes with the aspect of professionalism and the trust of the masses.
11. **Administrative Bureaucracy:** Excessive red tape impedes the timely provision, quality control, and pricing of medicines and other essential supplies.

12. **Absence of Emergency Health Planning and Budgeting:** No dedicated plans or funding exist to manage sudden and large-scale public health emergencies.
13. **Political Interference in Health Affairs:** Political agendas affect the health system operations, and this affects professionalism and the trust of the populace.
14. **Lack of a Comprehensive Digital Health System:** Although some positive steps have been taken, the region still lacks a fully integrated health information system that ensures transparency and broad public benefit.

Scope of Health Services in Sulaymaniyah Governorate

The scope of health services in Sulaymaniyah Governorate encompasses numerous challenges, obstacles, and limitations from a practical and daily perspective. This assessment seeks to uncover practical and measurable solutions to these issues. Although there are experiences and observations made by concerned stakeholders in the governorate, the scenario is complicated to understand. The following points highlight the major components:

1. Public Health Services

The welfare-based healthcare services, especially preventive healthcare, are seen as an equivalent of one of the greatest pillars of evaluating and developing the health system. They have sadly been ignored. The basis of health challenges and disease burdens is preventive care. Other examples include screenings as well as improvement of scientific awareness before marriage, such as testing a spouse to avoid the occurrence of diseases like thalassemia. Avoiding hereditary and congenital diseases caused by prenatal care can help families avoid potential lifelong medical costs and offload the rest of the health sector.

Guiding the provision of all the necessary scientific and practical information to build a healthy family is the key to productivity and a healthy society. The family planning programs are scientific instruments of population control and well-organised family formation. These protocols, along with the maternal health services, work on the follow-ups, screenings, delivery of packages, and scientific advice throughout the pregnancy to reach the optimal results on maternal outcomes. Prenatal and postnatal care, maternal and child dental and oral healthcare services are all required of the system. Nevertheless, several services, such as postnatal developmental screenings, are not followed by most individuals because of the existence of a financial crisis. Preventive dental care plays a major role in protecting communities from multiple diseases, some of which are globally recognised health burdens and others that have been controlled at the national level. Other critical services include child development monitoring and school health programs, which are

fundamental public services but are inconsistently provided. Unfortunately, healthcare services for adolescents remain largely unimplemented, despite their strong relevance to reproductive health, substance abuse prevention, and other age-related health risks. Preventive screenings, which are vital for identifying serious health conditions such as breast cancer, are also underdeveloped and exist only in planning stages at present.

Nutrition and Environmental Health Oversight

Food and water monitoring is another vital service directly related to public health and quality of life. These services cover markets, factories, and restaurants. However, due to limited human capacity and logistical challenges, oversight remains one of the key issues.

Nutrition and Environmental Health Oversight

Another important service that has a direct influence on the community health is the control of communicable diseases. The recent development of the COVID-19 pandemic, altered the global responses to the issue of public health. There is also a risk of an outbreak of cholera. Unfortunately, the attention paid to the emergence of such outbreaks occupies no separate budget at the moment.

Chronic and Non-Communicable Disease Management

Chronic and non-communicable diseases are other important areas of concern in management. Regrettably, in practice, capabilities regarding infrastructure, human resources, medication, and most equipment are still far beneath the acceptable levels. The problem in this gap is the urgent need for far-reaching health reforms.

Digital Health and Patient Records

Currently, some health centers and facilities have adopted electronic systems that record both personal and clinical data. These systems enhance service delivery for a broader segment of the population and allow for better case tracking, diagnosis, and the advancement of both current and future health services across the region.

2. Emergency Medical Services (EMS)

Emergency healthcare, which can and should save lives within the shortest period of time, is one of the most important and urgent pillars of service. The principal objective of this is to cut the number of hours spent transferring patients to suitable health institutions. The service is organized in three levels in Sulaymaniyah currently:

A. Central Sulaymaniyah:

Emergency services exist only within Sulaymaniyah city, and even there, they are not fully operational. A prior plan had called for 30 external emergency stations around the city, but due to financial constraints, it was never implemented. There were technical guidelines and workforce plans that were all theoretically developed, but none were executed.

B. Districts and Sub-districts:

Each district and sub-district has a unique situation in terms of human capacity and resources. One of the main bottlenecks lies in transporting patients to hospitals (e.g., in Pirmagrun and Bazyan). Plans were proposed, but no official responses were received. Some areas (like Said Sadiq, Chamchamal, Darbandikhan, and Haji Awa) attempt to conduct surgical interventions despite limited infrastructure. For example, in Chamchamal, a philanthropist is building a hospital, but massive healthcare gaps still exist. In Darbandikhan, the surgical centre damaged by the earthquake remains unrepaired, despite annual approvals. Only recently, in May, Sulaymaniyah's local government succeeded in obtaining formal approval to proceed.

C. Advanced Emergency Centres:

Main urban centres, especially Sulaymaniyah, have specialized emergency care units with specialist physicians available with the patient at the time of arrival. This is deemed successful considering that there were severe workforce and bottlenecks shortages (e.g., adult and pediatric adolescents).

One of the challenges is the blur between the options of the public and the private sectors. In a number of situations, there is the use of public infrastructure to serve the interests of the individual practice. As an example, a professor in a university can also work in a public hospital, possess a private clinic and be connected to several private hospitals. Despite the existence of rules and regulations set by the Ministry of Health, enforcement is really poor. This has indicated how necessary the separation of the two spheres is.

Systemic Challenges and Reform Needs

Digitalization of pediatric and maternal hospitals has already increased the delivery of healthcare. Moreover, physician training specific to the physicians is a crucial factor in not only enhancing the quality of services, but also in increments of scientific research production, as has been seen in other nations. It also builds up trust with patients. These systemic barriers had to be overcome with the assistance of coordination with higher education institutions.

As an example, Sulaymaniyah was able to implement a pediatric sub-specialisation program in pediatric cardiology and pediatric surgery to which 20 master students are already enrolled. This is to help achieve a situation where every physician becomes highly specialized in a particular topic.

The Society has one of the most developed Hepatology and Gastroenterology Centres in Sulaymaniyah. The old city hospital provided only 30-bed emergency services, which were shifted to the main city hospital and converted into a liver and GI centre. But there has been controversy over allegations of the sale of contracts to private firms (such as Qaiwan).

These teaching hospitals are relocated, and the psychiatry departments are in Shahid Dr. Heman Hospital and Tasluja. Budget lack, legislative backing, and investment planning activities are major setbacks in system expansion.

Specific personnel and professional development are the key to growth. The limitations on the budget, including capital investments and operational expenses, have had a direct implication on the functionality of the system. No new infrastructure was constructed, and the amount of money used every year to conduct operations is less than the one being needed. Presently, only survival efforts are ongoing rather than development. It has only been possible to survive through the goodwill and collaboration of stakeholders.

Tests and procedures have been impeded by medical equipment shortages and unreliable supply chains. Huang, Sun, and Ma indicate that high levels of constant administrative churn tend to compound the situation and further develop cases of undermined healthcare quality, with newly assigned personnel repeating the same mistakes as earlier, delayed years, leading to even worse healthcare quality.

Human Resources and Governance Issues

The system requires 36,000 health care professionals to satisfy major criteria but the current workforce in the sector is limited to roughly 13,000 employees. This is because new employment has been stopped for years in the Kurdistan region, and moreover, the general framework of the healthcare system is not robust. A lack of managerial vision of the parties and government institutions on the part of the political parties regarding structural changes is nearly impossible.

No strategic plans and performance-based accountability systems exist. Most of the management decisions are out on personal experience or even logic that occurs randomly, and chances are likely to result in erroneous management decisions. The random model is the only procedural system that administers to the administrative duties, and it comes along with its own limitations and operational uniformity.

3. Specialized Cold Medical Services

Non-urgent medical services (cold) should be offered through well-laid plans in a bid to address persistent health conditions. Implementation will also need systematic, sustained planning in line with the larger strategy toward health reform.

4. Additional Services

There are several other health-related services, such as forensic medicine, which is coordinated with judicial authorities based on existing laws, alongside other auxiliary health services essential for system integrity.

5. Strategic Direction of Services

Emergency medical services should be kept free of charge, and the cold medical services or non-emergency expedites should be either facilitated through a health insurance policy or can be paid on a cash basis. In the current study, the provision of all services at no cost is an ineffective and unsustainable practice of the system. Public sector healthcare is no longer the complement to the private one in the form of dominating in those areas where the state provision is inefficient. Although it is lower priced as compared to other cities or countries, the private sector still has a problem with quality assurance.

6. Pharmaceutical Regulation

One of the principal dilemma areas in governance is the quality and prices of pharmaceuticals. Medicine has the capacity to sell at very high prices. This irregularity undermines the faith of patients, and this is why there should be effective guidelines to regulate it.

7. Italian Heart Hospital

Despite partial functionality, the Italian Heart Hospital currently requires over 300 additional staff members. However, staffing has not been approved or facilitated.

8. Health Tourism

Health tourism can become a great source of income and a driver to increase the quality of services in the health system.

9. Absence of Political Commitment

There is still no official political decision to pursue structural healthcare reform. Without such high-level endorsement, no meaningful step can be implemented effectively or sustainably.

10. Public Health Priority

Public health accounts for nearly 89% of the healthcare system's impact, while only 11% of the system is dedicated to actual treatment services. This imbalance signals a major gap in service provision.

11. Example of Financial Mismanagement

The annual cost of treatment for a single breast cancer patient is between 500–600 million IQD. Transferring bone marrow stem cells for thalassemia patients costs 75 million IQD per case, yet clinics are unable to add even one new physician whose annual salary would cost only 45 million IQD—a budget that could serve 10–15 more patients instead of outsourcing them abroad.

Furthermore, treatment for a single stage-four breast cancer patient costs 12 million IQD per month. For 10 patients over one year, this would amount to 1.44 billion IQD, while the cost of installing a mammography device is around 700 million IQD—a one-time investment with long-term savings. MRI machines, despite their high cost, could reduce the burden of emergency diagnostics. Prevention and treatment of breast cancer in most people can be successfully achieved if they go through a monitoring program for early detection.

12. Unpreparedness for Health Disasters

No preparedness framework/disaster management plan has been identified to respond to a potential outbreak, epidemic, or related disaster response.



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